

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Eastern

District of Massachusetts

2004 AUG 24 P 1:49

Joan Charles,
Plaintiff,

SUMMONS IN A CIVIL ACTION

V.
Ocwen Federal Bank, FSB,
Ocwen Financial Corporation,
Massachusetts Property
Insurance Underwriting Association,
and One Call Insurance Agency, Incorporated,
Defendants.

CASE NUMBER:

04 11625 RWZ

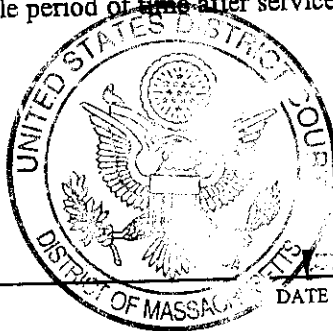
TO: (Name and address of Defendant)

One Call Insurance Agency, Incorporated, 121B
Tremont Street, Suite 25, Brighton, MA 02135

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

James E. Hoyt, Esq., Portnoy and Greene, P.C.,
197 First Avenue, Suite 130, Needham, MA 02494

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



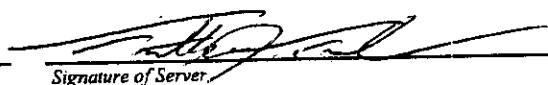
TONY ANASTAS

CLERK

(By) DEPUTY CLERK

DATE

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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	July 29, 2004
NAME OF SERVER (PRINT) Timothy J. Teehan	TITLE	Paralegal
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): Mailed certified mail, return receipt requested, via US mail. Postage prepaid to the defendant.		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>8-23-04</u> Date  Signature of Server</p> <p style="text-align: center; margin-top: 20px;"><u>197 First Ave., Suite 130, Needham, MA 02464</u> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

One Call Insurance Agency
Incorporated

121B Tremont Street

Suite 25

Brighton, MA 02135

2. Article Number

(Transfer from service label)

7002 3150 0000 7163 3406

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-2-04

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

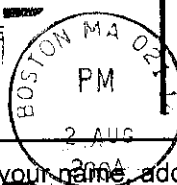
3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

PORTNOY AND GREENE, P.C.
197 First Avenue, Suite 130
Needham, MA 02464

Attn: James Hoyt, Esq.

Charles/ One Call

2464/2464

